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Navy & Marine Corps Medical News  
MN-99-24  
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Doctors, administrators make evidenced-based decisions

From Bureau of Medicine and Surgery

WASHINGTON -- Navy doctors researching a disease, treating an illness or injury and medical administrators making healthcare decisions are taking advantage of the Internet and World Wide Web to rapidly assess clinical and healthcare information to assist them in making decisions. It is part of a new process called evidence-based decision making, used to make the most accurate medical care decisions for patients and to plan future healthcare programs for various groups of customers. Doctors have always had training and experience as resources to determine treatment for patients. But over the years, the doctors' experiences and information from researchers filled volumes of reference data scattered in many places. So, when a doctor wanted additional information about a medical concern, there was no central review of source information.

Medical administrators encounter similar problems when reviewing population demographics and treatment histories to develop the best medical programs for their customers.

According to CAPT Dave Engelman, MC, Healthcare Support Office Jacksonville, Fla., to find additional information about a course of treatment can require searching thousands of clinical articles for a specific medical problem.

"The information could be scattered in thousands of documents and publications located throughout the world. It can be a time-consuming process to do such a search," he said. "Evidence-based software provides the information at one location using healthcare specific search engines and statistical software provided by both commercial and public sources."

Engelman said future use of evidence-based information would be particularly useful to medical personnel in the Fleet. When these programs become available, the medical officer aboard a carrier or the independent duty corpsman with the Fleet Marine Force or aboard a submarine will have similar medical references to those of an ashore Naval hospital medical team.

"If a Sailor or Marine has been stricken with a sudden illness while deployed, or an entire deployed unit is at medical risk, the medical officer can access Internet pages and programs to assist in research for treating patients," he said. "Having such a wealth of information allows for more accurate diagnosis, timelier treatment and, therefore, improved personnel readiness."

Navy medical personnel are already learning the evidence-based information system, according to CDR Chip Taylor, MC, who was instrumental in assisting the Healthcare Support Office Jacksonville team that recently produced the first training classes for this new research method.

He said the critical assessment software provides a structured review of reference information available on the Internet and from other medical professional services. The physician, dentist, hospital corpsman or medical administrator can then take what he or she needs for a given situation.

"It is an excellent decision-making system," he said.

"It will optimize treatment techniques and provide more effective care."

"Now, when a doctor or medical administrator has to make a decision, it will be made not only with on-hand evidence, but he or she can also determine if other information exists that will aid in the decision making process. Using evidence-based decision making allows us to transform complex medical and administrative challenges into solvable healthcare problems."

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Headline: Medical department receives Battle Efficiency Award

By JO3 Pete Robertson, USS George Washington (CVN 73)

ABOARD USS GEORGE WASHINGTON (CVN 73) -- During a recent gathering in USS George Washington's (CVN 73) Medical Department, Force Medical Officer Capt. John Nickle, MC, presented the carrier's medical staff with the Commander, Naval Air Force, U.S. Atlantic Fleet, Blue "M" Departmental Battle Efficiency Award. This is the fourth year in a row that George Washington's Medical team has won this honor.

"Those that have gone before you have been doing an outstanding job and you continue that tradition," Nickle said during his presentation. He stressed the importance of a ready and efficient Medical department, saying, "You have a great role to play on this ship. You support both the crew and the mission of the ship and you have found a way to do that and do it excellently. I congratulate you on the fine job that you have done."

"The health of the crew is not a small thing when it comes to combat readiness," added George Washington's commanding officer, CAPT Lindell Rutherford. "Readiness can be degraded when a large portion of the crew comes down with an illness," he said. "It's not a small job maintaining a quality Medical department on a ship, and the job you have done is second to none. It is a quality of care that must be maintained."

During the 1998 testing cycle, the ship was evaluated in tasks such as medical readiness, drills, patient care and records. Another decisive factor in Battle "E" evaluation was it's Birth Month Recall program. George Washington's medical department, with cooperation of the crew, was able to accomplish more than 90 percent of Birth Month Recalls on time or early during the last cycle.

"From my perspective this Blue "M" is the most gratifying," said CAPT Michael Krentz, MC, George Washington's senior medical officer. "We did this in spite of spending 10 months in the shipyard," he said. "I've heard it said that you can't get a Blue "M" when you spend that much time in the yards. What you have proven is that regardless of the environment, we can continue to maintain medical readiness and continue to maintain the edge whether we are underway or not."

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Headline: Getting care they want, seniors flock to Naval hospital

By Douglas J. Gillert, American Forces Press Service

SAN DIEGO -- June Mason feels a little shaky, a little teary, a little relieved as she waits to see her doctor at the Naval Medical Center here.

Shaky, because her husband, Charles, a retired Navy captain, had just come off a ventilator in his slow, steady recovery from heart surgery and follow-on complications.

Teary, because doctors here hadn't given her much hope, but now there's a glimmer of hope. Relieved, because she's thankful for the excellent medical treatment he's received,

that they've both received, in the hospital in the town they've called home since 1971.

"He died on the operating table May 3," June said, wiping unwanted tears from her bright, kind eyes. "It took them 45 minutes to restart his heart, but they did. And he was going to be OK.

"Then he got a staph infection and that really hurt. The doctors didn't think he was going to make it, and they're surprised he showed signs of recovery. I'm so grateful. He just might make it now. There's a chapel up there next to the ICU. I go there every day and pray for him. I know it helps."

The Masons are lucky, June said, because they've always been able to come here for their health care. Even after they signed up with a civilian health maintenance organization, they could still get their care here on a space-available basis. "They never failed to get us in," she spoke softly from the narrow, softly lit examining room. Then DoD announced it would test a new program here called TRICARE Senior Prime. It's a demonstration to see if the military can provide care for Medicare-eligible patients cost-effectively. As a result, some of the clinics the Masons and other retirees over age 65 use said they couldn't come here anymore unless they signed up for Senior Prime. "We didn't hesitate," June said. "We're very comfortable with the doctors here and with the staff -- the nurses and corpsmen. They are caring people."

In fact, Senior Prime was born here out of an idea put forth by three retired officers who saw a promise of "free health care for life" being broken by military budget and staff reductions. June might also want to thank retired Army Cols. Walt Mikulich and George Smith and retired Navy CAPT John Howard, MC. It was their idea that DoD should be directly reimbursed by Medicare for health care given to older retirees and their spouses.

They called their plan for Medicare reimbursement "Subvention," after a term used in California to describe a transfer of a state-paid veterans benefit to federal control. It was a very simple concept, Smith said. "If the federal government pays Medicare fees and it pays military fees, why can't it pay Medicare fees to military hospitals?" "Walt Mikulich came to me in 1995 and showed me the language in the various legislative bills that would create 'Medicare Subvention,'" Cmdr. Daniel Wasneechak said. A registered nurse put in charge of administering Senior Prime, Wasneechak now oversees the result of their efforts to retain military health care. In 1998, the San Diego Naval Medical Center became one of six sites nationwide demonstrating subvention.

As of June 3, 3,010 eligible retirees and spouses had signed up toward a demonstration cap of 4,000, which Wasneechak said the hospital will reach by the end of summer.

Senior Prime is not exactly what Mikulich and company had

in mind. They had envisioned a much simpler, straightforward system than the one eventually agreed to by the federal Health Care Financing Administration, which manages Medicare. They also expected over-65 retirees, like other TRICARE beneficiaries, to be able to choose from fee-for-service, preferred provider and health maintenance organization options. Senior Prime offers only the tightly controlled - but less costly -- HMO option.

Although the three retirees aren't totally happy, Senior Prime is a pretty good deal, Wasneechak said. "The only cost to Senior Prime enrollees is Medicare B, which is about \$44 a month," he said. "The care they receive in the military treatment facility is free, including inpatient care. Active duty members will always have first priority for care. TRICARE Prime enrollees get the second priority, and Senior Prime enrollees are included in this group." The demonstration is slated to end Dec. 31, 2000.

However, several new bills pending in Congress could make the demonstration permanent. One of the bills would give the senior retirees a fee-for-service option, the choice Howard said the "founding fathers of Subvention" think is absolutely necessary.

If the Primary Care waiting room is any indication on this early June afternoon, many seniors are happy with the new arrangement. More than a dozen, some clearly in need of health care, have filled the waiting room or are queued at the front desk.

"Everybody for the most part loves the program," Wasneechak said. "They like being seen by military doctors. We offer more respect for the patients and their military backgrounds. We address them by their military rank. They have a sense of pride in their past service and like it better than just being 'Mr. Jones' downtown.

"We are trying to keep the promise to these beneficiaries to give them free health care for life," Wasneechak said.

"We can't really give them the free benefit, but this is the next best thing."

Caring for older patients isn't only just, it's good for military medicine, said Mason's physician, Navy Dr. (Capt.) Joel Lees.

"The patients in Senior Prime tend to be patients [with conditions] we don't routinely see in the younger, healthier military population," Lees said. "Caring for the older retirees helps us maintain medical skills that are critical to our readiness to treat troops in the field. That's a challenge the military needs."

And so June Mason waits briefly, before Lees goes in to see her. Her blood pressure's been up lately -- "not surprisingly, considering everything," she adds. Lees reviews cards she's brought with her showing her blood pressure readings since she last visited him.

"This looks better, much better," he assures her.

"You're doing fine, just fine. How have you been feeling?"

And there's a wife pushing her husband down the hall in

his wheelchair for his appointment. Outside, more Senior Prime patients move slowly toward the clinic and toward the care they want and need and know they deserve and are happy now to be getting. At last. At their favored hospital in the town they call home.

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Headline: Poor air quality causes special screening for  
Atsugi

From: Bureau of Medicine and Surgery

WASHINGTON -- Because of airborne conditions near Naval Air Facility Atsugi, Japan, environmental counseling and health consultation are required for all military service and family members transferring to the base. The base is located in close proximity to an industrial incinerator and is subject to airborne pollution at levels exceeding United States standards. A full health risk assessment is ongoing at the base to evaluate the extent of any related health effects posed by the incinerator. All health care providers involved in overseas screening must provide each Service and family member over age 18 an Atsugi Health and Environmental Fact Sheet. Health care providers must also discuss the current environmental conditions at the base and possible health effects of living in that area of Japan. Each service and family member is required to sign page 1 of SF Form 600 acknowledging receipt of the fact sheet, environmental counseling, and health consultation.

Health care providers are required to sign page 2 of the SF Form 600 acknowledging the fact sheet, environmental counseling and health consultation were provided. In addition, health care providers must verify that there are no current medical conditions potentially exacerbated, or list current medical conditions potentially exacerbated by the environmental conditions at NAF Atsugi. The SF 600 is retained in the Permanent Health Record.

The fact sheet, SF Form 600 overprint, and provider read ahead are available at BUMED's website at <http://navymedicine.med.navy.mil/atsugi>. The "Login ID" is atsugi (all lower case) and the "Password" is gonavy7 (all lower case). All files can be downloaded. Additional information is available from NAF Atsugi through the PAO (011-81-311-764-3141) or their website at <http://www//atsugi.navy.mil> and from the Navy Environmental Health Center (NEHC) in Norfolk, VA (757-462-5548 or DSN 253-5548.)

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Headline: Services hold healthcare symposium at Beaufort  
By: LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Naval Hospital Beaufort, South

Carolina was host to the Fifth Annual Recruit and Trainee Healthcare Symposium. The three-day event focused on exchanging views with other services involved in providing healthcare to recruits. The symposium featured more than 70 speakers from the Army, Navy, Air Force and Coast Guard. Papers were presented on a wide-range of recruit healthcare topics.

"Despite the differences in our armed services we deal with many of the same problems when it comes to caring for recruits and turning them into soldiers, sailors and airmen," said CAPT Robert North, MC, the Director for Community Health who oversees all clinics dealing with recruit healthcare at Naval Training Center Great Lakes.

"Among the topics of mutual interest was stress fractures and methods of diagnosis and treatment modalities utilized. Mental health issues were also of interest with special attention paid to early identification and assessment before graduation," North said.

Great Lakes captured second and third place for poster presentations. The second place award went to LT Eric Marsh, MC and LTJG Thomas Prieskorn, MSC, for their comparative analysis on Navy recruits with severe stress fractures. Their posters enabled the hospital to make recommendations to the line community on how to reduce the number of stress fractures.

Third place went to CAPT Jon Bayer, MC, USN (Ret) former Director of Community Health at Naval Hospital Great Lakes. His poster featured a fascinating look back in time to the role Naval Hospital Great Lakes played in stemming the tide of death caused by the 1918 Influenza Epidemic. It featured archival photos and period information that educated viewers as to how Navy medical personnel coped with the outbreak. Bayer is also the founder of the symposium that is designed to improve the healthcare of recruits through the active exchange of ideas by all services. Signifying the growing importance of this conference, healthcare specialists from Great Britain and Australia attended. Other posters featured from Great Lakes involved the analysis of female medical problems encountered in recruit training by LT Rebecca Pifer, MC. HMCM(SW) Thomas Kayala, USN presented a poster on Recruit Sick-Call Screening Processes. HN William Tietge, USN featured a poster on TB Control Programs.

The Sixth Annual Recruit and Trainee Healthcare Symposium will be held in Great Lakes, April 2000. Speakers and attendees will also help celebrate the 40th anniversary of Naval Hospital Great Lakes complex, which was commissioned during the Eisenhower Administration.

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Headline: HARPing about health  
By Chris Hober, TRICARE Northwest

TAKOMA, Wash. -- Barring accidents, there is a great

likelihood that most of us will someday die of one of two causes: things we did to ourselves or things we inherited genetically. With this fact in mind, military health care administrators have been trying for some time to develop methods to identify those risks in individuals and act upon them. The Health Assessment Review Program (HARP), developed at Naval Hospital Oak Harbor, Wash., is the most recent culmination of those efforts.

Soon after TRICARE was introduced to the Pacific Northwest, TRICARE Prime enrollees were asked to fill out the Health Enrollment Assessment Review Survey. This tool helps TRICARE primary care managers learn about the history and health risk factors for each of their patients and use the information to improve the quality of their care and treatment.

Those at risk for an inherited disease such as diabetes would be identified, for example, so tests could be conducted routinely to identify diseases while they can still be effectively treated.

That worked well for individual care, but a tool was needed to store, organize and feed back the data as usable information.

"You cannot do population health management without aggregating the health data," explained Lt.Col. Helena Montano, USA, chief of Quality Management and Health Promotion for the TRICARE Northwest Office of the Lead Agent.

"Proactive delivery of preventive services is the foundation for improving population health. The HARP allows us to look at Health Enrollment Assessment Review data for a particular segment of the TRICARE Prime population in any area of the region and evaluate that group's health status," she said. "This not only affords us the opportunity to plan and adjust our primary prevention efforts to meet the ever-changing needs of a dynamic population, it gives us information with which to assess our progress in doing so." Accordingly, a regional health report card can be developed using the HARP.

"This will give us some indication of how well our efforts in Putting Prevention Into Practice are paying off," Montano said.

If you would like to see the HARP in action, go to the TRICARE Northwest Web Page at <http://tricarenw.mamc.amedd.army.mil/frames> and select the Regional Population Health Report. There you will find reports on risk factors such as smoking, obesity and physical activity and prevention screenings for women's wellness.

If you have questions about HARP, contact Lt.Col. Montano at (253) 968-1556 or DSN 782-1556.

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Headline: Anthrax question and answer



Question: Has any country ever used anthrax as a weapon?

Answer: Several countries are believed to have incorporated anthrax as a biological warfare (BW) agent in weapons. Ten adversaries have an offensive BW capability to deliver anthrax - twice the number of countries since 1972 BW capability agreement, which was designed to prohibit such activity. Admissions of BW capability by USSR in the post cold war era - anthrax production provided enough agent to kill every person on the planet many times over. There was discovery of Iraq's offensive BW capability to deliver anthrax during the Gulf War. Japanese extremist groups reportedly experimented with biologicals in Japan before resorting to chemical agents - many other terrorists have been studying germ warfare and have been vocal about its use.

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Headline: TRICARE question and answer

Question: I am enrolled in TRICARE Prime. If I am already confident that I need to see a specialist, do I need to contact my PCM before I go? What will happen if I don't?

Answer: For those enrolled in TRICARE Prime, it is always necessary to first consult your Primary Care Manager for specialty care. If it is necessary for you to see a specialist, your PCM will help make an appointment for you. If you see a specialist on your own, without prior approval from your PCM you will be participating in Prime's Point-of-Service option and will be responsible for 50 percent of the cost after the deductible (\$300 for single enrollment and \$600 for family enrollment) is met.

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Headline: Healthwatch: Dental plaque is the enemy of healthy teeth

From Bureau of Medicine and Surgery

WASHINGTON -- The greatest nemesis to the mouth is plaque. It is the largest contributing factor to both tooth decay and gum disease. Either condition can lead to tooth loss.

Many years of research have shown that bacterial plaque causes periodontal or gum disease. Bacterial plaque consists mostly of bacteria, saliva and food remnants that combine to produce a sticky invisible mass that accumulates between the teeth and at the gum line. If plaque were not present, periodontal disease would not occur. Therefore the key to controlling periodontal disease is to control the plaque.

Plaque is a sticky, almost colorless film that builds up continuously on the teeth. Bacteria in the plaque ferments sugars in the mouth and produces acid that dissolves and

softens the enamel of the teeth.

As the plaque builds in layers, it creeps below the gum line and becomes sharp and hard. This is often referred to as tartar although the proper term is calculus.

Calculus contributes to periodontal (gum) disease, which is the major cause of tooth loss in adults. Periodontal disease attacks the gingival or gums, the bone and the ligaments that support the teeth in your jaw. If nothing is done to change the course of this disease, it will cause you to lose your teeth.

Periodontal disease is nearly 100 percent preventable and can be stopped. Usually, the disease is painless in the early stages, but don't wait until it hurts. About 87 percent of the population is unaware that they have periodontal disease.

Warning signs of gum disease include bleeding gums when brushing; red, swollen or tender gums, receding gum line; pus between teeth and gums when pressed; permanent teeth are loose or separating, any change in overbite or fit of partial denture and bad breath. These are problems that require the attention of your dentist or hygienist.

Removing plaque thoroughly and properly brushing and flossing can prevent periodontal disease and tooth decay. Ask your dentist or hygienist how to do this properly. If the plaque is hard, have it removed by a dentist.

Because this film forms every 24 hours, you are the only one who can remove it effectively. So act now and keep your teeth for a lifetime.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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